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## STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH LANSING

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## TESTIMONY before HOUSE REGULATORY REFORM COMMITTEE March 11, 2014

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Honorable members of the committee, I am grateful for the opportunity to address you this morning regarding e-cigarettes and public health. I am Dr. Matthew Davis, and I serve as the Chief Medical Executive for the State of Michigan, in the Department of Community Health.

Vast majorities of legislators and the public agree: minors should not be allowed to purchase ecigarettes. I very much appreciate the efforts of members who have expressed their concern about the dangers of e-cigarettes for youth in Michigan.

The bigger question is: how should regulation about e-cigarettes be put in place? The simplest way to prohibit the sales of e-cigarettes to minors is to classify e-cigarettes as tobacco products, using language included in HB 5393 sponsored by Rep. Haines. That would allow the state to regulate e-cigarettes under existing tobacco-related laws in Michigan that make sales to minors illegal. This is a decision with potentially far-reaching and long-term public health consequences in our state.

I see potentially long-term consequences because we, as a state and as a nation, have been here before – hearing claims from the tobacco industry that their products are safe, and that there is no conclusive evidence of harm for people who use their products. Decades ago, when the US public heard those statements from tobacco companies, the public wanted to believe them. But they were false claims – in fact, not just mistaken claims, but purposeful misrepresentations by the companies that contradicted what their own scientists were telling them.

That story is a continuing dark chapter in the health of Michigan and the United States – as cigarette smoking continues to be the source of the leading causes of death each year.

Today, decades later, we hear similar claims of safety about e-cigarettes – new products derived from tobacco, which vaporize extracts from tobacco leaves. That extract includes nicotine, the addictive substance that keeps users coming back for another 'vape'. The extract has also been shown to contain substances found in tobacco such as nitrosamine, which is known to cause cancer.

Moreover, there is simply not a long enough track record to measure the long-term, multi-year impact of inhaling vapor that contains (depending on the e-cigarette product) nicotine and substances such as nitrosamine, toluene, propylene glycol and diethylene glycol (a common ingredient in antifreeze). In addition, research has shown that the vapor can contain particles of tin and silica that are released from the heating element used to vaporize the e-cigarette liquid.

So I ask the committee: Ladies and gentlemen, do we really know what is in these 'vapes' and what health consequences will result?

E-cigarette manufacturers imply that their products are safe by contrasting them with the known health hazards of tobacco cigarettes. This is not exactly a reassuring claim. Just about anything would be safer than smoking tobacco, when it comes to individual and community health. But that does not mean that e-cigarettes are safe for long-term use. Although e-cigarettes may have fewer toxic substances in their vapor than tobacco cigarettes have in their smoke, all it takes is one cancer-causing substance to cause cancer, and one toxic particle like silica to cause chronic lung disease.

Supporters of e-cigarettes also suggest they can help people quit cigarette smoking. Recent research indicates that vaping to quit smoking may be as effective as other approaches, such as nicotine patches, that have been approved by the US Food and Drug Administration after extensive safety and effectiveness testing. But that's a key point: e-cigarettes have not undergone safety testing by the FDA.

Proponents of e-cigarettes claim that no one has died of vaping an e-cigarette. Nevertheless, disease related to inhaling toxic substances like nitrosamine and silica can take years to develop. Failing to find harm at this moment in time does not mean serious harm cannot occur.

Believe me: as a doctor and a public health official, I wish we had a product that would somehow substitute for tobacco cigarettes, without health risks. There is simply insufficient information about e-cigarettes at this time to know that e-cigarettes are safe. We know from the history of tobacco use that many years of rigorously collected, scientific information are needed to ascertain health effects. E-cigarettes are too new to have such information. In the absence of reassuring data about long-term safety, the responsible action is to protect the public's health.

For these reasons, I urge the committee to adopt the language of Rep. Haines's HB 5393, which classifies e-cigarettes as tobacco. That classification is correct: the liquid vaporized from an e-cigarette includes extracts from tobacco leaves.

Other sponsored legislation regarding e-cigarettes contemplates writing separate rules for e-cigarettes. Writing special regulations for e-cigarettes actually complicates state law. In addition, separate rules would block sensible restrictions on e-cigarettes that would help protect public health.

In summary, the best approach is to classify e-cigarettes as tobacco in Michigan. Using existing tobacco laws to prevent e-cigarette sales to minors will be a great combination of efficient regulation and an effective public health strategy. The public should expect no less.